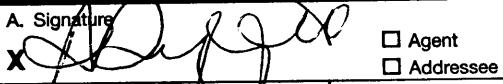


A. Signature 	
<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
B. Received by (Printed Name) 	C. Date of Delivery 9-13-07
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

## 1. Article Addressed to:

Arthur Mealey,  
114 N. Oates Street  
Dothan, AL 36303

2. Article Number  
(Transfer from service label)

7006 2760 0002 4407 2193

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540